Corporation Counsel (COR)



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2014 JAN -9 PH 3: 40

PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2013

114/14

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(PRINT OR TYPE CLEARLY)		7.79 4.70 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6
NAME _ Donna Y. L. Leong POSITION/ELECTIVE OFFICE	_Corporation Counsel	땅
DEPARTMENT/AGENCY Department of the Corporation Counsel	WORK PHONE 808-768-5100	0
HOME ADDRESS	HOME PHONE	
NAME OF SPOUSE_Robin Y. Uyeshiro		
NAME(S) OF DEPENDENT CHILD(REN)		
Check the appropriate box and fill in any applicable dates:		
INITIAL STATEMENT: Date on which you assumed office or began employment in this position You must file within twenty (20) working days after this date disclosing financial interests held during ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing a preceding year. LEAVING OFFICE STATEMENT: You are leaving or have left your office on file a statement within ten (10) working days of that date. You must disclose financial interests held CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for disclosing interests held during the calendar year preceding the due date of the statement.	all financial interests held during during the preceding calendar	and must
VERIFICATION		
I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item knowledge the information provided in this form is true and correct.	Nos. 1 through 9, and to the be	est of my
Date January 9, 20 14. Signature	V ZOZ	



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2014 JAN -9 PM 3: 41

DISCLOSURE OF FINANCIAL INTERESTSPUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2013

(PRIN T	OR TYPE CLEARLY	Y)		
NAME.	Donna Y. L. Leong	1	POSITION/ELECTIVE OFFICE _	Corporation Counsel
DEPAR	TMENT/AGENCY	Department of the Corporation C	ounsel	
NAME	OF SPOUSE Robin	ı Y. Uyeshiro		
Check t	he appropriate box a	and fill in any applicable dates:		
	INITIAL STATEMEN You must file within t	IT: Date on which you assumed offitwenty (20) working days after this	ce or began employment in this position date disclosing financial interests held during	the preceding calendar year.
~			er than January 31 of each year disclosing al	
	LEAVING OFFICE S	STATEMENT: You are leaving or ha in ten (10) working days of that date	ave left your office on e. You must disclose financial interests held	and must
	CANDIDATE STATE disclosing interests h	EMENT: You must file no later than neld during the calendar year preced	ten (10) working days after the deadline for the diagonal the due date of the statement.	filing as a candidate for office
			VERIFICATION	
knowled	I declare that I have ge the information pro	ovided in this form is true and corre	eparing this form, that I have reviewed Item I ect. Signature	Nos. 1 through 9, and to the best of my

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

"F" for filer

"SP" for spouse

"DC" for dependent children

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000 E. \$50,000 - \$99,999 B. \$1,000 - \$9,999 F. \$100,000 - \$149,999 C. \$10,000 - \$24,999 G. \$150,000 - \$199,999 D. \$25,000 - \$49,999 H. \$200,000 - \$299,999	 1. \$300,000 - \$399,999 J. \$400,000 - \$499,999 K. \$500,000 - \$599,999 L. \$600,000 - \$699,999 	 M. \$700,000 - \$799,999 N. \$800,000 - \$899,999 O. \$900,000 - \$999,999 P. At least \$1,000,000
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1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F F SP F & SP F & SP F	Outrigger Hotels Hawaii City & County of Honolulu Research Corp. Univ of Hawaii Rental Property - HI Rental Property - CA Cades Schutte LLP	Sr. VP, Chief Legal Officer, Corporate Secretary Corporation Counsel Electronics Engineer Retirement payment	1/1/13 - 3/31/13 4/1/13 - 12/31/13 1/1/13 - 12/31/13 1/1/13 - 12/31/13 1/1/13 - 12/31/13 3/1/13 - 12/31/13	F E F B C D

[&]quot;JT" for joint interests of the filer and filer's spouse

2. CREDITORS. Do no of consumer goods,	ot report any debts of less than s whatever the amount. Do repo	\$3,000. Do no ort a secured o	t report debts the	at arise out of retail ins as a home mortgage o	tallmen r a car l	t transactions for the purchase oan. Do report student loans.
None None	Additional sheets attached	i 				
Person(s) Incurring De	ebt Creditor	•	Origina	l Loan Amount		Amount Outstanding
F & SP	Wells Fargo Bank		1		F	
F & SP	Wells.Fargo Bank		F		E	
F (Co-tenant)	Bank of Hawaii		H (entire prop	H (entire property)		tire property)
F & SP	Wells Fargo Bank		н		н	
accounts in federal of	TERESTS IN BUSINESSES IN BUSIN	inesses incom	inrated requilati	ed or licenced to come	on hugi	inogo in Howell. Do water and
None [Additional sheets attached					
Owner(s)	Business Name and Address	Nature o	f Business	Percentage of Inte	rest	Value of Interest
SP	Hawaiian Island Technologies	Electronics Co	onsulting	100%		Α
Various Investments through Kolohala Holdings LLP, 335 Merchant Street, #835, Honolulu. HI 96808		Various businesses		Various % interests		Altogether, A

₩ No	one Additi	onal sheets attached			
Ow	vnership or Interest	Date of Transfer	•		
organization corporation	Be sure to report	ciary positions include, but are not limited to, or perated for profit. Fiduciary positions also induciary positions in non-profit corporations.	include he	directorships, or positions a ing a majority shareholder	as trustee in any busines r in a small or closely l
Organizatio	Be sure to report	Defaled for Drofft. Figuriary positions also	include he	directorships, or positions a ing a majority shareholder	r in a small or closely h
organization corporation	Be sure to report	perated for profit. Fiduciary positions also induciary positions in non-profit corporations.	include be	directorships, or positions a ing a majority shareholder Term of Office	as trustee in any busines r in a small or closely l Annual Compensation
organization corporation	ne Additio	Perated for profit. Fiduciary positions also iduciary positions in non-profit corporations. Perated for profit. Fiduciary positions also identified the profit corporations. Perated for profit. Fiduciary positions also identified the profit corporations also identified the profit corporation. Figure 1. Figure 1. Fiduciary positions also identified the profit corporations also identified the profit corporations. Page 1. Fiduciary positions also identified the profit corporations. Page 2. Fiduciary positions also identified the profit corporations.	include be	ing a majority shareholder	r in a small or closely l
organization corporation Not	ne Addition	Perated for profit. Fiduciary positions also iduciary positions in non-profit corporations. In all sheets attached Name & Address of Business or Orga	include be	Term of Office	Annual Compensation

6.	CREDITOR INTERESTS	IN INSOLVEN		000 or more.				
	Holder		Name & Address of Business		Nature of Business		Value	
		,						
7 .	CLIENTS PERSONALLY the preceding calendar year authority and do not need	ar. Do not re	DOR representation invol	CIES. Only report	representation for watters. "Ministerial	hich you r matters"	received compensation during do not require discretiona	
		dditional sheet						
	Representative		Client	City	Agency	Na	ture of Representation	
=	affiliate RP/C		Hotels Hawaii and its POE Waikiki Beachcomber Dept of Planni Zoning Board		and Permitting; Appeals	issuing	from Director's Decision a Waikiki Special District (1/1/13 - 3/31/13)	
=			otels Hawaii and its	Dept of Budget and Fiscal Services		Appeal from Real Property Tax Assessments (1/1/13 - 3/31/13)		

None	anner, such as assess	sheets attached			
Owner(s)	Тах Мар	Key Number & Stre	et Address	Value	Year Obtained
* & SP	42069014; 1054 Maunawili Road; Kailua, HI 96734			L	1985
& SP	42067052; 1234 Kelewina Street, Kailua, HI 96734			P	1996
(Co-tenant)	i i		304, Honolulu, HI	K (entire property)	2010
9. REAL PROPE	RTY TRANSFERRED	Only report real pr	operty transferred in	the City and County of Honolu	lu during the preceding calendar
None		heets attached	isaction, even if it is	ess than the value (as in the c	case of a gift).
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Num	ber & Street Address